



MEDICAL/CHILD SUPPORT QUESTIONNAIRE

ND DEPARTMENT OF HUMAN SERVICES/EA

SFN 1224 (Rev. 06-99)

FOR EACH CHILD WHOSE MOTHER OR FATHER IS NOT IN THE HOME, COMPLETE THE FOLLOWING INFORMATION. IF MORE THAN ONE CHILD IN YOUR HOME HAS THE SAME ABSENT PARENT, THIS FORM CAN BE COMPLETED FOR ALL CHILDREN WITH THE SAME ABSENT PARENT.

Name of Child(ren):		
Reason for Parent's Absence:	Relationship of Child(ren) to You:	Is Child(ren) Born out of Wedlock?
Paternity of Child(ren). Check all that Apply: Father's Name on Birth Certificate Father's Name not on Birth Certificate Father has been Determined by the Court (Adjudication) to be the Father		
Residence Address of Child(ren):		
Mailing Address of Child(ren):		
Name of Absent Parent:		Social Security Number of Absent Parent:
Date of Birth of Absent Parent:	Date of Death of Absent Parent:	Last Known Mailing and Residence Address of Absent Parent:
If Absent Parent is Known by any Other Name, List Name:		
List Name and Address of Current Employer(s) of Absent Parent. If not known, List Name and Address of Two Last Known Employer(s) of Absent Parent:		

CHILD SUPPORT OBLIGATION

Current Court Order or Administrative Order Number:
Date Support Amount Established or Last Modified:
State/County Where Court Order was Established:
Amount of Support Ordered:
Payment Frequency (Check One)
Date(s) Support Payment(s) Due:
Amount of Support Owed (Arrearage):
Child Support Payment Made to (Check One)
Date of Last Child Support Payment:
Amount of Last Child Support Payment:
Does Court Order Require the Absent Parent to Provide Health Insurance? (Check One)
Amount of Health Insurance and Kind of Health Insurance Coverage Ordered:
Payment Frequency of Ordered Health Insurance:
Amount of Health Insurance Owed: (Arrearage)
List Name and Address of Your Current Employer(s):